

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	3	<i>[Signature]</i>
FORMALITY REVIEW	<i>[Signature]</i>	1020	02/29/01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	571	07/02/01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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7/24/03